

Case Number:	CM15-0109397		
Date Assigned:	06/16/2015	Date of Injury:	05/24/2002
Decision Date:	08/31/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/06/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53 year old female, who sustained an industrial injury on May 24, 2002. She reported right shoulder pain. The injured worker was diagnosed as having right shoulder pain. Treatment to date has included diagnostic studies, medications, conservative care, home exercise plan, physical therapy and work restrictions. Currently, the injured worker complains of continued right shoulder pain. The injured worker reported an industrial injury in 2002, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on November 14, 2014, revealed continued pain as noted. It was noted she was not currently trying any other therapies or pain management except medications at that time. She reported difficulty with tapering medications and the urinary drug screen was noted to be consistent with expectations. Evaluation on February 27, 2015, revealed continued pain as noted. She noted the sleep quality was fair. Medications were renewed and she was encouraged to continue a home exercise plan. Medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Morphine sulf ER 60mg, Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, criteria for use of opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient presents with right shoulder pain. The request is for MORPHINE ER 60 MG, QTY 60. Patient's diagnosis on 04/24/15 includes shoulder pain. Physical examination to the right shoulder on 03/27/15 revealed tenderness to palpation to the trapezius muscle and the subdeltoid bursa. Hawkins test was positive. Treatment to date has included diagnostic studies, conservative care, home exercise plan, physical therapy, work restrictions, and medications. Patient's medications, per 05/08/15 progress report include Lidoderm Patches, Zanaflex, Soma, Avinza, Roxicodone, Hydrochlorothiazide, Relpax, Flonase, Ambien, Amlodipine, Ondansetron, Clonazepam, Lorazepam, and Paxil. The patient is permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Treater has not provided reason for the request. It is not known when Morphine Sulfate ER (Avinza) was initiated. It appears patient has been prescribed Morphine Sulphate ER (Avinza) at least since 11/14/14, per progress report. In this case, treater has not stated how Morphine Sulfate ER (Avinza) reduces pain and significantly improves patient's activities of daily living. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no pain scales or validated instruments addressing analgesia. UDS dated 02/14/14 and CURES dated 04/24/15 were provided. However, there are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Roxicodone 15mg, Qty 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, criteria for use of opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient presents with right shoulder pain. The request is for ROXICODONE 15 MG, QTY 240. Patient's diagnosis on 04/24/15 includes shoulder pain. Physical examination to the right shoulder on 03/27/15 revealed tenderness to palpation to the trapezius muscle and the subdeltoid bursa. Hawkins test was positive. Treatment to date has included diagnostic studies, conservative care, home exercise plan, physical therapy, work restrictions, and medications. Patient's medications, per 05/08/15 progress report include

Lidoderm Patches, Zanaflex, Soma, Avinza, Roxicodone, Hydrochlorothiazide, Relpax, Flonase, Ambien, Amlodipine, Ondansetron, Clonazepam, Lorazepam, and Paxil. The patient is permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Roxicodone has been included in patient's medications per progress reports dated 11/14/14 and 05/08/15. In this case, treater has not stated how Roxicodone reduces pain and significantly improves patient's activities of daily living. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding adverse reactions, ADL's, etc. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Zanaflex 4mg, Qty 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain Page(s): 66.

Decision rationale: The patient presents with right shoulder pain. The request is for ZANAFLEX 4 MG, QTY 60. Patient's diagnosis on 04/24/15 includes shoulder pain. Physical examination to the right shoulder on 03/27/15 revealed tenderness to palpation to the trapezius muscle and the subdeltoid bursa. Hawkins test was positive. Treatment to date has included diagnostic studies, conservative care, home exercise plan, physical therapy, work restrictions, and medications. Patient's medications, per 05/08/15 progress report include Lidoderm Patches, Zanaflex, Soma, Avinza, Roxicodone, Hydrochlorothiazide, Relpax, Flonase, Ambien, Amlodipine, Ondansetron, Clonazepam, Lorazepam, and Paxil. The patient is permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66:" ANTI-SPASTICITY/ANTI-SPASMODIC DRUGS: Tizanidine (Zanaflex, generic available) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." Zanaflex has been included in patient's medications, per progress reports dated 11/14/14 and 05/08/15. Per 04/29/15 report, treater states "She is able to take the Zanaflex in the middle of the night for stiffness and discomfort. Without the medication, her spouse would need to lift her from the bed in the am due to increased stiffness." Treater has documented benefit from this medication. The request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

Soma 350mg, Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with right shoulder pain. The request is for SOMA 350 MG, QTY 90. Patient's diagnosis on 04/24/15 includes shoulder pain. Physical examination to the right shoulder on 03/27/15 revealed tenderness to palpation to the trapezius muscle and the subdeltoid bursa. Hawkins test was positive. Treatment to date has included diagnostic studies, conservative care, home exercise plan, physical therapy, work restrictions, and medications. Patient's medications, per 05/08/15 progress report include Lidoderm Patches, Zanaflex, Soma, Avinza, Roxicodone, Hydrochlorothiazide, Relpax, Flonase, Ambien, Amlodipine, Ondansetron, Clonazepam, Lorazepam, and Paxil. The patient is permanent and stationary. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Soma (Cyclobenzaprine) has been included in patient's medications per progress reports dated 11/14/14 and 05/08/15. It is not known when Soma was initiated. MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. In this case, the patient has been prescribed Cyclobenzaprine at least since 11/14/14. Furthermore, the request for additional #90 would exceed MTUS recommendation, and does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.